

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER FIRST AMENDMENT		AFTER SUB AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1		1			
17						
18		1				
19		2				
20		2				
21		2				
22		2				
23		2				
24			1			
25						
26						
27			1			
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33			1			
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47						
48						
49						
50						
TOTAL IND.	4		7			
TOTAL DEP.	38		53			
TOTAL CLAIMS	42		60			

	AS FILED		AFTER FIRST AMENDMENT		AFTER SUB AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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